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** FOREIGN AI IF REQUIRED, ** 03/26/2001	PPLICAT	FILING LICENSE G	Med *** RANTED					
Foreign Priority claimed 35 USC 119 (a-d) conditions wet Verified and Acknowledged Examiner's Signature ADDRESS 00164			STATE OR COUNTRY SD	DRA	SHEETS TOTAL CLAIMS 3 20		INDEPENDENT CLAIMS 3	
TITLE Lodging entertair	nment sy	stem with guest-select	ed time shifting			·		
FILING FEE RECEIVED	IG FEE FEES: Authority has been given in Paper EIVED No. to charge/gradit DEBOSIT ACCOUNT				All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit			